



City of Charleston
An Equal Opportunity Employer

Additional Employment Experience

To be used as a continuation of the Application for Employment.

Company Name	Telephone () -	Dates Employed From / / To / /
Address		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties:		Reason for Leaving
Company Name	Telephone () -	Dates Employed From / / To / /
Address		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties:		Reason for Leaving
Company Name	Telephone () -	Dates Employed From / / To / /
Address		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties:		Reason for Leaving
Company Name	Telephone () -	Dates Employed From / / To / /
Address		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties:		Reason for Leaving

YOU MUST SIGN THIS FORM.

I certify that all answers given herein are true and complete to the best of my knowledge.

Signature of Applicant_____

Date_____